(d) The main functions of NCP are:

(i) To review, monitor and give directions for the implementation of the National Population Policy with a view to meeting the goals set out in the Policy.

(ii) To promote synergy between demographic, education, environmental and developmental programmes so as to hasten population stabilization.

(iii) To promote inter-sectoral coordination in planning and implementation across Government agencies of the Central and State Governments, to involve the civil society and the private sector and to explore the possibilities of internaitonal cooperation in support of the goals set out in the Policy.

(iv) To facilitate the development of a vigorous people's movement in support of this national effort.

(e) The decadal growth in percent during 1991-2001 is 21.34 and average exponential growth rate is 1.93% as revealed in the census 2001. The decline in average exponential growth rate since 1951-61 is given as under:

Decade	Growth rate
1951-61	1.96%
1961-71	2.20%
1971-81	2.22%
1981-91	2.14%
1991-01	1.93%

(f) National Population Policy, 2000 does not provide for any coercive measures.

Death of mother and child during delivery

†1532. SHRI KRIPAL PARMAR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the number of deaths of mother and child occurred at the time of delivery during each of the last three years, State-wise; and

†Original notice of the question was received in Hindi.

(b) the steps taken or proposed to be taken by Government to provide proper medical facilities to mother and child in rural areas, particularly in remote, tribal and hilly areas?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) and (b) Data on the number of deaths of mothers and the death of child specific to the time of delivery are not available. Registrar General of India makes available data with regard to maternal mortality rates and perinatal mortality rates which are detailed below;

Maternal Mortality Rate

This is defined as the number of maternal deaths on account of pregnancy, childbirth or within 42 days of childbirth per 1,00,000 live births.

Estimates of maternal mortality rate are available for the National level and some major States from the Sample Registration System of the Registrar General of India for the year 1997 and 1998 only. These are given at Statement-I (*See* below).

Perinatal Mortality Rate

This is defined as the number of still births (born dead) plus infant deaths of less than seven days for every 1000 live births during the year.

The estimates for Perinatal Mortality Rate for India and major States are available from the SRS of Registrar General of India for the years 1996 to 1998. These are given at Statement-II (*See* below).

Maternal Health and Child Health are an integral part of the Reproductive and Child Health Programme and aims at bringing down the maternal, infant and child mortality and morbidity. Under

this programme which was launched throughout the country in 1997 for five years, various interventions are being implemented. These are:

For Mothers:

1. Essential obstetric care.
2. Emergency obstetric care.
3. Provision of contractual of part-time appointment of Anesthestists, Gynaecologists, Safe Motherhood consultants and technical staff like Laboratory Technician, Public Health Nurses, etc.
4. Provision of drugs and equipment for Maternal Health at sub-centres, primary health centres, community health centres/first referral units.
5. A scheme for 24 hour delivery services at selected primary health centres and community health centres.
6. Additional ANMs for backward districts.
7. Referral transport for pregnant women. This was initially implemented in eight backward States and is now being extended to all States.
8. Facilities and training for medical termination of pregnancies for safe abortions.
9. Prevention, management and control of Reproductive Tract Infections (RTI) Sexually Transmitted Infections (STI).
10. Intensification of Information, Education and Communication (IEC) Programme for Maternal and Child Health through the mass media as also decentralized local specific activities at the grassroots level.
11. Involvement of NGOs in awareness generation and service delivery where government services are not adequate.
12. Training of medical/paramedical and other services providers.
13. Training of Dais.

For Children

1. Immunization against six vaccine preventable diseases.
2. Control of deaths due to diarrhoeal diseases.
3. Control of deaths due to Acute Respiratory Infections.
4. Eradication of polio.
5. Prophylaxis against blindness due to Vitamin A deficiency.
6. New born care.

Special programme for strengthening the implementation of Reproductive and Child Health Programme have been launched in 50 districts of 16 States with the help of UNICEF. In addition funds are being provided to 151 districts for improving the delivery of Maternal and Child Health services during outreach sessions at the sub-centre and village level.

The need for bringing down Maternal, Perinatal and Infant Mortality Rate considerably and improving maternal and child health in general has been strongly stressed in the National Population Policy which has recently been approved by the Government. This Policy recommends a holistic strategy for bringing about total inter-sectoral coordination at the grassroot level and also for involving the NGOs, the civil society, the Panchayati Raj Institutions and women's groups etc.

Statement-I

MATERNAL MORTALITY RATE
INDIA AND BIGGER STATES
(SOURCE: RGI, SRS, 1997,1998)

Major State	MMR (1997)	MMR (1998)
1	2	3
India	**408**	**407**
Andhra Pradesh	154	150
Assam	401	409
Bihar	451	452

1	2	3
Gujarat	29	28
Haryana	105	103
Karnataka	195	195
Kerala	195	198
Madhya Pradesh	498	498
Maharashtra	135	135
Orissa	361	367
Punjab	196	199
Rajasthan	677	670
Tamil Nadu	76	79
Uttar Pradesh	707	707
West Bengal	264	266

Statement-II

PERINATAL MORTALITY RATE
INDIA AND BIGGER STATES
(SOURCE: RGI, SRS, 1996, 1997,1998)

Major State	1996	1997	1998
1	2	3	4
India	**44**	**43**	**42**
Andhra Pradesh	48	49	53
Assam	47	45	49
Bihar	39	N.A.	37
Gujarat	33	36	38
Haryana	41	42	39
Himachal Pradesh	38	32	50
Karnataka	47	45	54
Kerala	17	18	15
Madhya Pradesh	56	56	51
Maharashtra	37	35	35
Orissa	58	65	61
Punjab	36	32	42
Rajasthan	49	50	45

1	2	3	4
Tamil Nadu	42	43	41
Uttar Pradesh	45	46	44
West Bengal	39	38	30

All-India network to tackle fatal diseases

1533. SHRI R. KAMARAJ: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether there is any proposal with Government to have All-India network to tackle fatal diseases; and

(b) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA): (a) and (b) As a Public Health measure, Government of India has been implementing various National Health Programmes. The National Surveillance Programme for Communicable Diseases is one of these programmes. The National Surveillance Programme for Communicable Diseases was launched as a pilot programme in 1997-1998 in 5 districts (one each in Kerala, Karnataka, Rajasthan, Haryana and Gujarat) with a view to strengthen the disease surveillance system so that early warning signals of outbreak are recognized and appropriate follow-up action is initiated. The programme is being implemented through the existing health infrastructure programme and surveillance system involving training of medical and para-medical personnel, upgradation of laboratories, and improvement in communication system. The programme is currently implemented in 80 districts.

Under the Tenth Five Year Plan, a project Implementation Plan, integrating various activities under the programme is envisaged to be prepared so as to strengthen the existing surveillance system at the district, State and National levels and to build up additional capacities for effective communication and technology, upgradation of laboratories etc., ensure involvement of public and private sector institutions, private practitioners and NGOs in the process of effective implementation of disease surveillance programme. This